Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective _		April 1, 2010	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**	
Automobile Liability Private			
Passenger Commercial			
2. Automobile Physical Damage			
Private Passenger Commercia			
3. Liability Other Than Auto		***	
4. Burglary and Theft			
5. Glass			
6. Fidelity			
7. Surety			
8. Boiler and Machinery			
9. Fire			
10. Extended Coverage			
11. Inland Marine			
12. Homeowners			
13. Commercial Multi-Peril	\$386,912	-5.8%	
14. Crop Hail			
15. Other			
Line of Insurance			
Does filing only apply to certain territor	y (territories) or certain classes? If so, specif	y: <u>No</u>	
Brief description of filing. (If filing followable) Businessowners policies from our inceprogram. The above percentage characteristics.	ws rates of an advisory organization, specify dependent Premises Commercial Uni-Saverage is an estimation.	organization): We are transferring our Program to the ISO Businessowners	
*Adjusted to reflect all prior rate chang **Change in Company's premium leve	es. I which will result from application of new rate	es.	
	Addis	on Insurance Company	
		Name of Company	
	Chris Manders	, Corporate Underwriting Analyst	
		Official – Title	

Section 754.Exhibit A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or effective 04-01-2010	rate level produced by	rate revision
(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+ or -) **
Automobile Liability	Volume (minors)	- Ondrige (* C.)
Private Passenger		
Commercial		
Automobile Physical		
Damage Private Passenger		
Commercial		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	\$157,224	+0.4%
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	\$26,929,438	+0.4%
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain specify: No	territory (territories) or	certain Classes? If so,
Brief description of filing. (If filin specify: Adoption of ISO loss cos	g follows rates of an ad st changes from ISO designa	
 * Adjusted to reflect all prior rate change in Company's premium le 	evel which will result from ap	•
		al Indemnity Company Name of Company
	-	eri – SVP - Corp Underwriting ef Compliance Officer
		Official – Title

Section 754.Exhibit A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04-01-2010 .					
	. (2)	(3)			
(1)	(2)	(3)			
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+ or -) **			
Automobile Liability					
Private Passenger					
Commercial					
2. Automobile Physical					
Damage Private Passenger					
Commercial					
3. Liability Other Than Auto	\$46,697	-4.0%			
4. Burglary and Theft					
5. Glass					
6. Fidelity					
7. Surety					
8. Boiler and Machinery					
9. Fire					
10. Extended Coverage 11. Inland Marine					
12. Homeowners					
13. Commercial Multi-Peril	\$514,746	-4.0%			
14. Crop Hail	Ψοίτη,1 πο	1.070			
15. Other					
Line of Insurance	And the second s				
_					
Does filing only apply to certai specify: No	n territory (territories) or	certain Classes? If so,			
Brief description of filing. (If fili specify: Adoption of ISO Gener Designation Number GL-2009-BGL1	al Liability loss cost changes				
A. P. J. J. J. C. J. W. J.					
 * Adjusted to reflect all prior rate of the company's premium 		pplication of new rates.			
	Admira	al Indemnity Company			
		Name of Company			
	Donald Togne	eri SVP - Corp Underwriting			
		ef Compliance Officer			
		Official – Title			

Change in C	Company's	premium	or	rate	level	produced	by	rate
revision ef	ffective	04/01/20	10					

revision effective 04/01/2		y race
(1)	(2) Annual Premium	(3) Percent
<u>Coverage</u>	Volume (Illinois) *	Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire	***************************************	
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	\$177,608	+12.1%
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain If so, specify: NA	territory (territories)or	certain classes?
Brief description of filing. The purpose of this filing is to change the name of thi are filing an updated rating plans to reflect the name include general or special purpose municipal entities,	change. We are also updating our rate	s, expanding program eligibility to
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	el which will	

American Alternative Insurance Corporation
Name of Company Stephen J. Corbett - Vice President
Official - Title

FORM (RF-3)

Effective 12/01/2009 (1)	(2) Annual Premium	(3) Percent		
Coverage	Volume (Illinois)*	Change (+ or -)**		
1. Automobile Liability				
Private Passenger				
Commercial				
2. Automobile Physical Damage	 			
Private Passenger				
Commercial				
3. Liability Other Than Auto				
4. Burglary and Theft				
5. Glass		THE STATE OF LEASE.		
6. Fidelity				
7. Surety				
8. Boiler and Machinery				
9. Fire				
10. Extended Coverage				
11. Inland Marine	11 1 11 11 11 11 11			
12. Homeowners		Programme Sales		
13. Commercial Multi-Peril	46,131,967	10.1%		
14. Crop Hail				
15. Other				
Does filing only apply to certain terri If so, specify: n/a	tory (territories) or certain cl	lasses? No		

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Revisions are being made to our Businessowners Policy (BOP), consisting of a BOP

Rules and Rates Manual and a BOP Rental Dwelling Rules and Rates Manual.

AMERICAN FAMILY MUTUAL INS. CO.

Name of Company Christa Adler Competitive Pricing Research Analyst Official - Title

^{*} Written Premium - Adjusted to reflect all prior rate changes (Use calendar year-end premium from Premium Accounting Summary of QOR)

^{**}Change in Company's premium level which will result from application of new rates.

	Change in Company's premium or rate	e level produced by rate revision effective	02/01/10 New Business 05/01/10 Renewal Business
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		-
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	Est. \$15,004,693	+2.99%
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does to	filing only apply to certain territory (te	rritories) or certain classes? If so, specify:	
Ado	pt Insurance Services Office filing des	rates of an advisory organization, specify organizations CF-2007-RLC07, CF-2007-RRU	07, CF-2008-RTERU,
		8-IALL1, GL-2008-ORU08, GL-2009-RE	
annu addi	al rates for special causes of loss, revieus description for A 1007 (10-09) Lim	008-BMPL1, PR-2009-IALL1, and CM-20 se page R-19 – annual base limit rates for s ited Flood Coverage Endorsement and add	enior living. Revise GR-3
_A 10	007. Page R-6d-g replaces R-6c-g.		

Church Mutual Insurance Company Name of Company

Barbara H. Meyer Senior State Filing Technician Official - Title

^{*} Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

	Change in Company's premium or rat	e level produced by rate revision effective	02/01/10 New Business 05/01/10 Renewal Business
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	Est. \$4,682,555	+1.19%
14.	Crop Hail		
15.	Other		
	Line of Insurance		
	filing only apply to certain territory (to	erritories) or certain classes? If so, specify:	
No			
		s rates of an advisory organization, specify of	
		signations CF-2007-RLC07, CF-2007-RRU	
		08-IALL1, GL-2008-ORU08, GL-2009-RE	
		nnual rates for special causes of loss. Revise	
	37 (10-09) Limited Flood Coverage Er aces ER-8-10.	ndorsement and add ER-8 to clarify application	ion of E 137. Page ER-9-10

* Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

Church Mutual Insurance Company Name of Company

Barbara H. Meyer Senior State Filing Technician Official - Title

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in company's premium or rate leve	el produced by rate rev	sion effective	4/1/2010
(1)	(2) Annual Premium		(3) Percent
<u>Coverage</u>	Volume (Illinois)*		Change (+ or -)
 Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity 		 	
7. surety		_	
8. Boiler and Machinery		. <u>-</u>	
9. Fire		-	
10. Extended Coverage 11. Inland Marine		-	
12. Homeowners			
13. Commercial Multi-Peril	\$2,996		-1.8%
14. Crop Hail	ΨΣ,330	. <u> </u>	1.070
15. Other		-	
Line of Insurance		-	
Does filing only apply to certain territory (to Brief description of filing . (If filing follows of Adoption of ISO Loss Cost, BP-2009-RLC	rates of an advisory org		
			
*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh	ich will result from appl	ication of new rates.	
		North American Eli	te Insurance Company
			of company
		Alsa Shih - Sta	te Filings Assistant
			cial-Title

Form (RF-3)

	Change in C effective:	Company's premium or rate 04/08/2010	e level produced by rate revision	
		(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
		Coverage	Volume (minois)	Change (1 of -)
1.	Automobile Private Pass	senger		
2.	Commercial Automobile Private Pass Commercial	Physical Damage senger		
3. 4.		er Than Auto		
5. 6.	Glass Fidelity			
7. 8.	Surety Boiler and M	Machinery		
9. 10. 11.	Fire Extended Control Inland Marin			
12. 13.	Homeowner Commercial	'S	\$1,500,298	0.1
14. 15.	Crop Hail Other:			
	L	ine of Insurance		
	es filing only a o, specify:	pply to certain territory(ies	or certain classes? No	
		of filing. (If filing follows ra	tes of an advisory	
Rev	risions to Polic	cy Writing Minimum Premi	um, PBP Plus and Supplemental cover	rages, and Size of
	mium Discour			
*	•	reflect all prior rate change Company's premium level	es. which will result from application of	
			State Automobile Mutual Insur Name of	rance Company Company
			Kathy Hartwell - Supervisor, S	
			Officia	l - Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE

SUMMARY SHEET

Change in Company's prem	ium or rate level produced by rate revision effective	April 1, 2010
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
1. Automobile Liability Priv		
Passenger Comme		
2. Automobile Physical Da		
Private Passenger (
3. Liability Other Than Aut		
4. Burglary and Theft		
5. Glass		
6. Fidelity		,
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	\$866,418	5.8%
14. Crop Hail		
15. Other		
Line of Insura	ice	
Does filing only apply to cer	ain territory (territories) or certain classes? If so, speci	fv: No
Does ming only apply to cer	air territory (territories) or certain classes: if so, specifi	19. 140
		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Brief description of filing. (If	filing follows rates of an advisory organization, specif	y organization): We are transferring our
Businessowners policies from	om our independent Premises Commercial Uni-Save	r Program to the ISO Businessowners
Program. The above perce	ntage change is an estimation.	
*Adjusted to reflect all prior		
**Change in Company's pre	mium level which will result from application of new rat	es.
		= : • • • • •
	United	Fire & Casualty Company
		Name of Company
	Chris Mandau	Corporate Underwiting Analyst
	Cnns Manders	s, Corporate Underwriting Analyst Official – Title
		Silloral Title

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(1) (2) Annual Premium Percent Coverage Volume (Illinois)* Percent Change (+ or -) 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril - \$879,570 -1.4% 14. Crop Hail 15. Other Line of Insurance Does filling only apply to certain territory (territories) or certain classes? If so, specify : No Brief description of filling . (If filling follows rates of an advisory organization, specify organization): Adoption of ISO Loss Cost, BP-2009-RLC09 *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Westport Insurance Corporation Name of company Alsa Shih- State Fillings Assistant Official-Title	Change in company's premium or rate level produced by rate revision effective			4/1/2010	
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril - \$879,570 -1.4% 14. Crop Hail 15. Other Line of Insurance Does filling only apply to certain territory (territories) or certain classes? If so, specify :		Annual Premium		Percent	
Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril - \$879,570 -1.4% 14. Crop Hail 15. Other Line of Insurance Does filling only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filling. (If filling follows rates of an advisory organization, specify organization): Adoption of ISO Loss Cost, BP-2009-RLC09 *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Westport Insurance Corporation Name of company Alsa Shih- State Fillings Assistant	<u>Coverage</u>	Volume (minolog)		Ondrigo (
2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril - 14. Crop Hail 15. Other Line of Insurance Does filling only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filling . (If filling follows rates of an advisory organization, specify organization): Adoption of ISO Loss Cost, BP-2009-RLC09 *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Westport Insurance Corporation Name of company Alsa Shih- State Filings Assistant					
Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril - \$879,570 -1.4% 14. Crop Hail 15. Other Line of Insurance Does filling only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filling. (If filing follows rates of an advisory organization, specify organization): Adoption of ISO Loss Cost, BP-2009-RLC09 *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Westport Insurance Corporation Name of company Alsa Shih- State Fillings Assistant			_		
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril - \$879,570 -1.4% 14. Crop Hail 15. Other Line of Insurance Does filling only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of ISO Loss Cost, BP-2009-RLC09 *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Westport Insurance Corporation Name of company Alsa Shih- State Filings Assistant					
4. Burglary and Theft 5. Glass 6. Fidelity 7. surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril - \$879,570 -1.4% 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of ISO Loss Cost, BP-2009-RLC09 *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Westport Insurance Corporation Name of company Alsa Shih- State Filings Assistant			_		
5. Glass 6. Fidelity 7. surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril - \$879,570 -1.4% 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing . (If filing follows rates of an advisory organization, specify organization): Adoption of ISO Loss Cost, BP-2009-RLC09 *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Westport Insurance Corporation Name of company Alsa Shih- State Filings Assistant			_		
6. Fidelity 7. surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril - \$879,570 -1.4% 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing . (If filing follows rates of an advisory organization, specify organization): Adoption of ISO Loss Cost, BP-2009-RLC09 *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Westport Insurance Corporation Name of company Alsa Shih- State Filings Assistant	Burglary and Theft				
7. surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril - \$879,570 -1.4% 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing . (If filing follows rates of an advisory organization, specify organization): Adoption of ISO Loss Cost, BP-2009-RLC09 *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Westport Insurance Corporation Name of company Alsa Shih- State Filings Assistant	5. Glass		_		
8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril - \$879,570 -1.4% 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of ISO Loss Cost, BP-2009-RLC09 *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Westport Insurance Corporation Name of company Alsa Shih- State Filings Assistant	6. Fidelity		_		
8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril - \$879,570 -1.4% 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of ISO Loss Cost, BP-2009-RLC09 *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Westport Insurance Corporation Name of company Alsa Shih- State Filings Assistant	7. surety				
9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril - \$879,570 -1.4% 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of ISO Loss Cost, BP-2009-RLC09 *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Westport Insurance Corporation Name of company Alsa Shih- State Filings Assistant	8. Boiler and Machinery		_		
11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril - \$879,570 -1.4% 14. Crop Hail 15. Other Line of Insurance Does filling only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filling . (If filling follows rates of an advisory organization, specify organization): Adoption of ISO Loss Cost, BP-2009-RLC09 *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Westport Insurance Corporation Name of company Alsa Shih- State Fillings Assistant			_		
12. Homeowners 13. Commercial Multi-Peril - \$879,570 -1.4% 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of ISO Loss Cost, BP-2009-RLC09 *Adjusted to reflect all prior rate changes. ***Change in Company's premium level which will result from application of new rates. Westport Insurance Corporation Name of company Alsa Shih- State Filings Assistant	10. Extended Coverage				
13. Commercial Multi-Peril - 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing . (If filing follows rates of an advisory organization, specify organization): Adoption of ISO Loss Cost, BP-2009-RLC09 *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Westport Insurance Corporation Name of company Alsa Shih- State Filings Assistant	11. Inland Marine		_		
14. Crop Hail 15. Other Line of Insurance Does filling only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filling . (If filling follows rates of an advisory organization, specify organization): Adoption of ISO Loss Cost, BP-2009-RLC09 *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Westport Insurance Corporation Name of company Alsa Shih- State Filings Assistant	12. Homeowners		_		
14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing . (If filing follows rates of an advisory organization, specify organization): Adoption of ISO Loss Cost, BP-2009-RLC09 *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Westport Insurance Corporation Name of company Alsa Shih- State Filings Assistant	13. Commercial Multi-Peril -	\$879,570	_	-1.4%	
Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of ISO Loss Cost, BP-2009-RLC09 *Adjusted to reflect all prior rate changes. ***Change in Company's premium level which will result from application of new rates. Westport Insurance Corporation Name of company			_		
Brief description of filing . (If filing follows rates of an advisory organization, specify organization): Adoption of ISO Loss Cost, BP-2009-RLC09 *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Westport Insurance Corporation Name of company Alsa Shih- State Filings Assistant					
Brief description of filing . (If filing follows rates of an advisory organization, specify organization): Adoption of ISO Loss Cost, BP-2009-RLC09 *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Westport Insurance Corporation Name of company Alsa Shih- State Filings Assistant	Line of Insurance		_		
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates. Westport Insurance Corporation Name of company Alsa Shih- State Filings Assistant	Brief description of filing . (If filing follows	rates of an advisory organ			
**Change in Company's premium level which will result from application of new rates. Westport Insurance Corporation Name of company Alsa Shih- State Filings Assistant	Adoption of ISO Loss Cost, BP-2009-RLC	:09	<u></u>		
Name of company Alsa Shih- State Filings Assistant	*Adjusted to reflect all prior rate changes. **Change in Company's premium level wh	ich will result from applica	ation of new rates.		
Name of company Alsa Shih- State Filings Assistant			Westport Insur	ance Corporation	
			Alsa Shih- State	Filings Assistant	